



Jones County Home Health Assistance Program Guidelines for Agencies

Jones County Public Health (JCPH) maintains funds for the provision of skilled nursing, home care aide (HCA), and homemaker services in Jones County, Iowa. The objective of this funding is to prevent or delay the inappropriate institutionalization of individuals, and use of funds is limited to activities that support and accomplish this objective. Specific services for which these funds can be used include:

- Providing skilled and specialized nursing care using an individualized plan of care coordinated with the patient, family, and physician.
- Assisting with personal care and rehabilitative services that include but are not limited to bathing, range of motion exercises, dressing changes, and medication reminders.
- Provision of service interventions intended to promote consumer health and maintain a safe, stable, sanitary home environment.

JCPH shall be the funder of last resort. JCPH shall not be billed for services eligible for third-party reimbursement, (e.g. Medicare, Medicaid, Iowa Wellness Plan, private insurance, approved Iowa waivers, or other federal or state funds) or for the provider cost above the allowed reimbursement from the third-party payer. Providers shall review all funding options available before utilizing JCPH funding for approved activities.

Clients whose services are not covered by third-party reimbursement shall be billed according to the local provider's sliding fee scale. JCPH may be billed the portion not covered by the client's fee up to the full fee. JCPH shall not be billed for fees waived by the agency.

Maximum Reimbursement:

Skilled Nursing	\$183/visit
Social Work	\$150/visit
Home Care Aide	\$30/hour
Homemaker	\$30/hour

If approved for funding, please submit invoices by the 10th of the month for the prior month's services detailing number of visits and/or hours of service, as well as any co-pays. Invoices can be mailed to JCPH at the address below, or emailed to publichealth@jonescountyiowa.gov.



Public Health
Prevent. Promote. Protect.
Jones County, Iowa

Jones County Home Health Assistance Program
Application

Agency: _____

Contact Person: _____

Phone: _____ Email: _____

Client Name: _____

Client Location (city/town): _____

Estimated length of time you will provide services: _____

Services you will be providing:

I certify our client is a Jones County resident and our agency has reviewed all other possible funding options to provide services for this client. I have read and understand the guidelines regarding billing and reimbursement rates.

Signature

Date

Print Name